

**TRAVEL EXPENSE CLAIM**

STD. 262 A (REV. 9/2007)

See Instructions and \*Privacy  
Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME <b>R. Steven Tharratt, MD, MPVM</b>			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT <b>Executive Division</b>		
POSITION <b>Director</b>			CB/ID NUMBER			DIVISION OR BUREAU <b>Emergency Medical Services Authority</b>		
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS <b>1930 9th Street</b>			TELEPHONE NUMBER		
CITY <b>El Dorado Hills</b>			STATE <b>CA</b>			ZIP CODE <b>95672</b>		
CITY <b>Sacramento</b>			STATE <b>CA</b>			ZIP CODE <b>95811</b>		

(1) NORMAL WORK HOURS	(2) PRIVATE VEHICLE LICENSE No.	(3) MILEAGE RATE CLAIMED <b>0.550</b>
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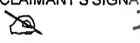

(4) MONTH/YEAR OCT. 2009		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
10/20	0530	Sacto to Long Beach		6.00	10.00	18.00		3.78		9.00	42.00	23.10		69.88
	2100	Return									42.00	23.10		23.10
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
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												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	6.00	10.00	18.00	0.00	3.78		9.00	84.00	46.20	0.00	92.98
CLAIM TOTAL													\$	92.98

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

To attend the International Association of Emergency Managers (IAEM) All Hazards Forum in Long Beach, California, and to hear Jay Alan, Cal EMA, Director of Public and Crisis Communication, and keynote speaker, Matthew Bettenhausen, Acting Sec'y, Cal EMA

AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REV. FUND CHECK No.	PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
												0.00
TOTALS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate claimed, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Section 17 on reverse) (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

CLAIMANT'S SIGNATURE 	DATE <b>11/4/05</b>	DATE
(17) SPECIAL EXPENSES 	DATE	